DATENT ARRIVATION CONTRACTOR								1	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								09 963, 783			83		
		CLAIMS A	SMALL	ENTITY		OTHER THAN							
(Column 1) (Column 2)										OR		ENTITY	
TOTAL CLAIMS			29	<u> </u>				RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUM	NUMBER EXTRA		BASIC F	EE 355.0	O OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			$29\mathrm{m}$	inus 20=	. 6	9		X\$ 9-	.	OR	X\$18=		
INDEPENDENT CLAIMS			14 "	ninus 3 =	• 77	11		X40=		OR	Voo		
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT								-		
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=	1	OR	+270=		
								TOTA	└ ┗	OR	TOTAL		
_	CLAIMS AS AMENDED - PART II (Column 1) 6-13-05 (Column 2) (Column 3)								L ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
ğ	Total	. 25	Minus		29	•		X\$ 9=		OR	X\$18=		
AME	Independent	1. 14	Minus		17	•	١.	X40=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
	•								-	4	TOTAL		
(Column 1) (Column 2) (Column 3)								ADOIT. FE	E L		ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUME PREVIO PAID I	EST BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş	Total	<u> </u>	Minus					X\$ 9=		OR	X\$18=		
¥	Independent		Minus	***		•		X40=	1	OR	X80=		
<u>L</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	1	OR	+270=		
								TOTA		ا شا	TOTAL		
		•	DOIT. FEI	: 		ADDIT. FEE							
DMENT C	:	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIO PAID F	ST IER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
822 I	Total	•	Minus	**		=	l	X\$ 9=	1,55	1,,	X\$18=	FEE_	
AME	Independent	•	Minus	•••			ŀ		 	lo _H			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	X40=		OR	X80=		
1	* If the entry in column 1 is less than the entry in column 2, writs "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR OR	+270= TOTAL		
***	7 the "Highest Nur	mber Previously Paid ber Previously Paid	id For IN THE	S SPACE in	leas then	3. enter "3."		DOIT. FEE d in the ap		-	IDDIT. FEEL ITAN 1.		
FORM PTO-878 (Rev. 8/00) Patent and Tradement Office, U.S. DEPARTMENT OF COMMERCE													